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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/593,134
Filing Date	September 18, 2006
First Named Inventor	Michael A. Ellsworth
Title	METHOD OF VACCINATION...
Art Unit	
Examiner Name	
Attorney Docket Number	PC32199A

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

25533

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Zip

Country

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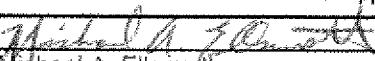
Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	09/18/2006
Name	Michael A. Ellsworth	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Maurice Daniel Givens</i>	Date	<i>November 28, 2006</i>
Name	Maurice Daniel Givens	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Cassius M. Tucker</i>	Date	<i>16 Nov 2007</i>
Name	Cassius M. Tucker	Telephone	269-833-3362
Title and Company	<i>Associate Director - Pfizer Inc.</i>		

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